

JAN 07 2011

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NAME (LAST)	(FIRST)	(MIDDLE)
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MAILING ADDRESS	STREET	CITY
	STATE	ZIP CODE

1. Office, Agency, or Court

Name of Office, Agency, or Court:

San Leandro City Council

Division, Board, District, if applicable:

District 5

Your Position:

Councilperson

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ County of

☒ City of San Leandro CA 94577

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)

☒ Assuming Office/Initial Date: 01 / 01 / 11

☐ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / / , through December 31, 2009.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / / , through the date of leaving office.

☐ Candidate Election Year:

4. Schedule Summary

► Total number of pages including this cover page: 1

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1-1-11 (month day year)

Signature

(d)(5)

FPI